



February 8, 2016 (*Updated March 3, 2016*)

Announcement 1073

Provider Revalidation Requirement Extension

The federal regulation at 42 CFR 455.414 requires that state Medicaid agencies revalidate the enrollment of all providers, regardless of provider types, at least every five (5) years, with the exception of DMEPOS suppliers which will remain at every three (3) years per 42 CFR 424.57. Federal regulation required all providers to complete the revalidation process by March 24, 2016.

The Centers for Medicare & Medicaid Services (CMS) has revised the previous guidance to now require a two-step deadline under which states must notify all affected providers of the revalidation requirement by the original March 24, 2016 deadline, and must have completed the revalidation process by September 24, 2016. In order to comply with the CMS requirement for the revalidation process to be completed by September 2016, the Division of Health Care Financing and Policy (DHCFP) has set a deadline of August 31, 2016.

If you have received a notice to revalidate with Nevada Medicaid, please follow the instructions on the notification. If you have not received a notice to revalidate, a communication will be sent when you need to take action. Providers that fail to respond to revalidation must be terminated in accordance with 42 CFR 455 Subpart E.

Future web announcements and communications to providers will provide additional instructions and updates regarding Nevada Medicaid revalidation requirements.

For additional information, please see [Web Announcement 450](#) (published on February 15, 2012), which notified providers of the revalidation process that began June 1, 2012.